STATEMENT OF

FORM 1	ORGANIZATIO (See instructions)	N	Office use only
NAME OF COMMITTEE (in	(Check if name Exan is changed) over	nple: If typying, type the lines	=4M5
Dana Walsh F	or Congress		
ADDRESS (number and	815 Sheridan Avenue		
(Check if address is changed)			
	Chico	L L CA	95926 _ 4054
	CITY▲	STATE	ZIP CODE 🛦
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail addre	ess)	
(Check if address is changed)	dana@danawalshforcongres	ss.com	
COMMITTEE'S WER	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE 0 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C00	436154	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge an	d belief it is true, correct and comple	ete
Type or Print Name of	Treasurer Melanie Honea		
Type of Fillit Name of	Treasurer		
Signature of Treasurer	Electronically Filed by Melanie Honea	Date	0 1
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the	,	
Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)